



**VERMONT DEPARTMENT OF HEALTH  
EMERGENCY MEDICAL SERVICES OFFICE  
Post Office Box 70, 108 Cherry Street  
Burlington, Vermont 05402-0070  
1-800-244-0911 (in VT) or 1-802-863-7310**



**EXAMINATION APPLICATION**

**EMERGENCY MEDICAL RESPONDER (EMR)  
OR  
EMERGENCY MEDICAL TECHNICIAN (EMT)**

This form is to be used by all persons applying to test for Vermont licensure and/or National certification at the Emergency Medical Responder (EMR) or Emergency Medical Technician (EMT) level. To be eligible for Vermont licensure, you must have an affiliation with a Vermont-licensed EMS agency or medical facility that requires you to hold this level of Vermont EMS licensure.

**Page 3 – Applicant Information**

Please fill in your name, address, other contact information, your EMS agency affiliations and which level of exam you are applying to take. If you are not affiliated with a Vermont-licensed EMS agency and are taking this exam for National certification only, please check the National Certification Only box. PLEASE NOTE: A current email address is required for access to free online continuing education.

**Page 4 – Signature Page**

Please answer the seven questions, print your name and then sign the application. If you have any questions about how to answer these questions, contact the EMS Office. If you are affiliated with a Vermont-licensed EMS agency, your Head of Service must sign the application attesting to your affiliation with that service. Your course coordinator must also sign the application attesting that you successfully completed an approved EMR or EMT course.

**Page 5 – Certification Examination Notification**

This confirmation is your ticket to the exam site. Write in the location and date of your top four (4) exam site choices for the psychomotor exam. Be sure to carefully print or type your name and address to ensure this confirmation reaches you.

**THIS FORM MUST BE RECEIVED BY THE EMS OFFICE NO LATER THAN TWO (2) WEEKS PRIOR TO THE EXAM DATE LISTED BELOW. INCOMPLETE APPLICATIONS WILL BE RETURNED AND MAY AFFECT ADMISSION TO THE REQUESTED EXAM**

**Please fill in the location and date of your top 4 exam site choices:**

1<sup>st</sup>: Location: \_\_\_\_\_ Date: \_\_\_\_\_ 2<sup>nd</sup>: Location: \_\_\_\_\_ Date: \_\_\_\_\_  
3<sup>rd</sup>: Location: \_\_\_\_\_ Date: \_\_\_\_\_ 4<sup>th</sup>: Location: \_\_\_\_\_ Date: \_\_\_\_\_

NREMT verified by: \_\_\_\_\_ Date: \_\_\_\_\_ Signatures verified by: \_\_\_\_\_ Date: \_\_\_\_\_  
VCIC verified by: \_\_\_\_\_ Date: \_\_\_\_\_ Letter/Card sent by: \_\_\_\_\_ Date: \_\_\_\_\_  
QC Performed by: \_\_\_\_\_ Date: \_\_\_\_\_ LearnEMS Account Created by: \_\_\_\_\_ Date: \_\_\_\_\_

## **INFORMATION FOR CANDIDATES ON BASIC AND ADVANCED EMT EXAMINATIONS**

The purpose of certification and license examinations is to determine whether candidates have the knowledge and skills which are expected at particular levels of training. It is important that you understand certain things in order to get a fair exam.

1. The local Exam Coordinator has set up the location of the exam, scheduled the date and time and selected the practical examiners.
2. A representative of the Health Department is present to ensure that the exam is conducted properly. **If you feel you have been treated unfairly, it is essential that you speak with the state representative before you leave the testing session.**
3. You must have a Vermont EMS license card in hand before you are considered licensed.
4. In order to be licensed as an EMS provider, you must show appropriate involvement in emergency care (e.g., be affiliated with a licensed ambulance or first responder service).
5. In order to be licensed at an advanced level, you must be affiliated with a service licensed at or above that level.
6. If you do not feel up to taking an exam because of physical illness or some other reason, it is in your best interest to take the exam at another place and time.

Psychomotor examination results will be mailed to you within four weeks. If you need to retest, you will receive written information with your results about how to register for a future exam site. The exam schedule is posted on the Vermont EMS website: [www.vermontems.org](http://www.vermontems.org).

Psychomotor examinations are simulations that cannot be as realistic as field situations, but you should take them seriously in order to do well. The stations have time limits, but you do not need to finish everything at a station to pass.

Retesting: Most people pass the exam on the initial try, but if you fail you are entitled to re-take any (or all) psychomotor stations and/or the cognitive exam at another testing session.

Summary: Your exam should be fair and impartial. You have the responsibility to take the exam seriously and to notify the state representative immediately of any problems. If you fail any part of the exam, you may retest that part two more times.

If you need any special accommodations in order to take this exam, go to the General Policies section of the National Registry of EMTs website at [www.nremt.org](http://www.nremt.org) to learn about their accommodations policies.

Notification: You will be notified in writing of admittance or non-admittance to the exam. If you have not been admitted to the requested exam, you will be provided with a list of alternate exam sites from which to choose. **Remember to write your name and address on the notification page.**

**APPLICANT INFORMATION****PLEASE PRINT****PLEASE PRINT**

Vermont EMS #	Expiration Date	X X X – X X – _____ (Last 4 digits of SSN)
Last Name	First Name	Middle Name
Address	Town/City	State      ZIP
(____)____-_____ Home Phone	(____)____-_____ Work Phone	_____ Sex
(____)____-_____ Cell Phone	Date of Birth	
Email Address(es) – Required for FREE online education access		
1)_____ Primary Service Affiliation		2)_____ Additional Service Affiliation
3)_____ Additional Service Affiliation		4)_____ Additional Service Affiliation

**EXAM(S):**
☐ EMERGENCY MEDICAL RESPONDER (EMR)    ☐ EMERGENCY MEDICAL TECHNICIAN (EMT)

**APPLYING FOR:**    ☐ NATIONAL CERT AND VT LICENSURE    ☐ NATIONAL CERTIFICATION ONLY

**\*\*\*\*\* DO NOT WRITE BELOW THIS LINE \*\*\*\*\* EMS OFFICE USE ONLY \*\*\*\*\***

Psychomotor Exam Station	Exam Attempt #1	Date	Exam Attempt #2	Date	Exam Attempt #3	Date	Cognitive Exam	
Trauma Assessment	P F		P F		P F		P F	
Medical Assessment	P F		P F		P F		P F	
Cardiac Arrest Management	P F		P F		P F		P F	
O2 Administration by NRB	P F		P F		P F		P F	
BVM Ventilation	P F		P F		P F		P F	
Spinal Immobilization (Supine)	P F		P F		P F		P F	
Bleeding Control & Shock Management	P F		P F		P F		Comments:	
Long Bone Immobilization	P F		P F		P F			
Joint Immobilization	P F		P F		P F			
Spinal Immobilization (Seated)	P F		P F		P F			

## SIGNATURE PAGE

### CANDIDATE: Please answer the following questions

NOTE: The Department of Health will not automatically disqualify applicants based solely upon their answers, but may request additional information. Contact the EMS Office if you are unsure how to answer these questions.

- YES      NO      Are you currently illegally using drugs or have you only recently stopped illegally using drugs?  
{EMS Rule 11.1.6.1}  
If yes, please explain: \_\_\_\_\_
- YES      NO      Have you ever been convicted of a crime(s) (misdemeanor or felony), or are you presently a defendant in a criminal proceeding? {EMS Rules Sec. 11} If yes, have you previously disclosed your crime conviction(s) to the VT EMS Office? YES      NO  
If not disclosed, please explain: \_\_\_\_\_
- YES      NO      Have you ever had an action taken against any professional license or certification that you have held in Vermont or elsewhere? {EMS Rule 11.1.6.10}  
If yes, please explain: \_\_\_\_\_
- YES      NO      Have you ever applied for and been denied a license or certification, or have you voluntarily surrendered or resigned a license or certification for any reason in Vermont or elsewhere?  
If yes, please explain: \_\_\_\_\_
- NO      YES      Are you free of obligation to pay child support or in good standing with respect to or in full compliance with a plan to pay any and all child support ?{15 V.S.A. Section 795}  
If no, please explain: \_\_\_\_\_
- NO      YES      Are you in good standing with respect to or in full compliance with a plan to pay any and all VT taxes due? {32 V.S.A. Section 3113}  
If no, please explain: \_\_\_\_\_
- NO      YES      Are you free of obligation to pay unemployment compensation contributions or in good standing with respect to or in full compliance with a plan to pay any and all unemployment compensation contributions? {21 V.S.A. Section 1378}  
If no, please explain: \_\_\_\_\_

I attest the information contained in this application is true and accurate. Any intentional misrepresentation may be deemed by the Commissioner of Health to be in violation of Vermont law, and may subject my license to conditions, suspension, revocation or denial. I further attest that I have read and understand all information contained in this application. Alteration of this document does not relieve me of any duty described in the Department-approved version of this form.

Applicant's Name (PRINT) \_\_\_\_\_ Today's Date: \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Your Birth Date: \_\_\_\_\_

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**HEAD OF SERVICE:** In signing this application for Vermont EMS certification I attest that the applicant is affiliated with the service listed below and that I am signing **after the applicant has completed the application and I have reviewed the answers to the above questions.**

\_\_\_\_\_  
Name of Vermont Licensed Service      Head of Service (Please print)      Service #

\_\_\_\_\_  
Head of Service Signature      Date

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**COURSE COORDINATOR:** I attest that this applicant has successfully completed an approved (EMR/EMT) course and further attest that it is factual and correct.

\_\_\_\_\_  
Course Number

\_\_\_\_\_  
Course Coordinator Signature      Date

## **CERTIFICATION EXAMINATION NOTIFICATION**

FILL IN BELOW YOUR TOP FOUR EXAM SITE LOCATION CHOICES:

1<sup>st</sup> Location: \_\_\_\_\_ Date: \_\_\_\_\_ 2<sup>nd</sup> Location: \_\_\_\_\_ Date: \_\_\_\_\_

3<sup>rd</sup> Location: \_\_\_\_\_ Date: \_\_\_\_\_ 4<sup>th</sup> Location: \_\_\_\_\_ Date: \_\_\_\_\_

Level of exam you are requesting:

☐ EMERGENCY MEDICAL RESPONDER (EMR)

☐ EMERGENCY MEDICAL TECHNICIAN (EMT)

**FILL IN NAME & ADDRESS BELOW:**


Your Name

PO Box / Street Address

Town/City, State, Zip Code

☐ Your application has been approved. Bring this notice to the exam site and present it to the state exam proctor.